BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation and Petition to Revoke Probation Against:	)	
DANIEL ATHERTON WILLIAMS, JR., M.D.	)	**Case No. D1-2007-188040**
Physician's and Surgeon's Certificate No. G 37614	)	
Respondent.	)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on November 20, 2015.

IT IS SO ORDERED October 21, 2015.

MEDICAL BOARD OF CALIFORNIA

By: Dev Gnanadev MD

Dev Gnanadev, M.D., Chair
Panel B

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Attorney General of California
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation and Petition to Revoke Probation Against: **DANIEL ATHERTON WILLIAMS, JR., M.D.** 404 W. Third St., Alturas, CA 96101 **Physcician's and Surgeon's Certificate No. G37614** Respondent.	Case No. D1-2007-188040 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

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2. Respondent Daniel Atherton Williams, Jr., M.D. ("Respondent") is represented in this proceeding by attorney Jeffrey S. Kravitz, Esq., whose address is: 6747 Fair Oaks Blvd. Carmichael, CA 95608

3. On or about July 24, 1978, the Medical Board of California issued Physician's and Surgeon's Certificate No. G37614 to Daniel Atherton Williams, Jr., M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation and Petition to Revoke Probation No. D1-2007-188040 and will expire on July 31, 2016, unless renewed.

JURISDICTION

4. The First Amended Accusation and Petition to Revoke Probation No. D1-2007-188040 was filed before the Medical Board of California (Board) , Department of Consumer Affairs, and is currently pending against Respondent. The First Amended Accusation and Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on January 21, 2015. Respondent timely filed his Notice of Defense contesting the First Amended Accusation and Petition to Revoke Probation.

5. A copy of the First Amended Accusation and Petition to Revoke Probation No. D1-2007-188040 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. D1-2007-188040. Respondent also has carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in Accusation No. D1-2007-188040; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act, the California Code

of Civil Procedure and other applicable laws, having been fully advised of same by his attorney of record, Jeffrey S. Kravitz, Esq.

8. Respondent, having the benefit of counsel, hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. D1-2007-188040, and that he has, thereby, subjected his Physician's and Surgeon's Certificate No. G37614 to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him, before the Medical Board of California, all of the charges and allegations contained in Accusation No. D1-2007-188040 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. G37614 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully

understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time that the Board considers and acts upon it.

14.. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary Order for any reason, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto. Respondent acknowledges that the Board shall not be disqualified from further action in this matter by virtue of its consideration of this matter.

ADDITIONAL PROVISIONS

14.1.. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

14.2.. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

14.3.. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter

the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G37614 issued to Respondent Daniel Atherton Williams, Jr., M.D. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedule(s) IV and V of the Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

Respondent shall immediately surrender Respondent's current DEA permit to the Drug Enforcement Administration for cancellation and reapply for a new DEA permit limited to those Schedules authorized by this order. Within 15 calendar days after the effective date of this Decision, Respondent shall submit proof that Respondent has surrendered Respondent's DEA permit to the Drug Enforcement Administration for cancellation and re-issuance. Within 15 calendar days after the effective date of issuance of a new DEA permit, Respondent shall submit a true copy of the permit to the Board or its designee.

2. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all the following: 1) the name and address of patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense

and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than

15 calendar days after the effective date of the Decision, whichever is later.

5. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"). Respondent shall successfully complete the Program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. Determination as to whether Respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or

participation in the outstanding portions of the clinical training program have been completed. If the Respondent did not successfully complete the clinical training program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

6. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent

shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

7. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location.

If Respondent fails to establish a practice with another physician or secure employment in

an appropriate practice setting within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent shall notify the Board or its designee within 5 calendar days of the practice setting change. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

8. PROHIBITED PRACTICE. During probation, Respondent is prohibited from practicing pain management and/or treating patients with chronic pain. After the effective date of this Decision, all patients being treated by the Respondent for pain management or chronic pain shall be notified that the Respondent is prohibited from practicing pain management and/or treating patients with chronic pain. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

9. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to

Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

10. SUPERVISION OF NURSE PRACTITIONERS. During probation, Respondent is prohibited from supervising nurse practitioners.

11. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is prohibited from supervising physician assistants.

12. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

13. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

14. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

15. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

16. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

17. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

18. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

19. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject

to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

20. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Jeffrey S. Kravitz, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/1/2015

DANIEL ATHERTON WILLIAMS, JR., M.D.
Respondent

I have read and fully discussed with Respondent Daniel Atherton Williams, Jr., M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 10-2-2015

Jeffrey S. Kravitz, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: Oct 12, 2015

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation and/or Petition to Revoke Probation No. D1-2007-188040

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation/Petition to Revoke Probation Against: **DANIEL ATHERTON WILLIAMS, JR., M.D.** 339 Cedar Drive Greenville, California 96097 Physician's and Surgeon's Certificate G37614, Respondent.	Case No. D1-2007-188040 **ACCUSATION AND PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation and Petition to Revoke Probation solely in her official capacity as the Executive Director of the Medical Board of California (Board").

2. On July 24, 1978, the Board issued Physician's and Surgeon's Certificate number G37614 to Daniel Atherton Williams, Jr., M.D. ("Respondent"). Except as provided below in paragraph 3, that license was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2014, unless renewed.

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3. In a disciplinary action entitled *In the Matter of the Accusation against Daniel A. Williams, Jr., M.D.*, Case No. 02-2007-188040, the Board issued a decision, effective April 22, 2011, in which Respondent's Physician's and Surgeon's Certificate was revoked. However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was placed on probation for a period of three years upon certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference

JURISDICTION

4. This Accusation and Petition to Revoke Probation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

5. Section 2221 of the Code states:

"(a) The Division of Licensing may deny a physician's and surgeon's license to any applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license; or, the division in its sole discretion, may issue a probationary license to an applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:

(1) Practice limited to a supervised, structured environment where the licensee's activities shall be supervised by another physician and surgeon.

(2) Total or partial restrictions on drug prescribing privileges for controlled substances.

(3) Continuing medical or psychiatric treatment.

(4) Ongoing participation in a specified rehabilitation program.

(5) Enrollment and successful completion of a clinical training program.

(6) Abstention from the use of alcohol or drugs.

(7) Restrictions against engaging in certain types of medical practice.

(8) Compliance with all provisions this chapter.

"(b) The Division of Licensing may modify or terminate the terms and conditions imposed on the probationary license upon receipt of a petition from the licensee.

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"(c) Enforcement and monitoring of the probationary conditions shall be under the jurisdiction of the Division of Medical Quality in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code, and the review procedures set forth in Section 2335.

"(d) The Division of Licensing shall deny a physician's and surgeon's license to an applicant who is required to register pursuant to Section 290 of the Penal Code. This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code."

6. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and

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successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

7. Section 2234 of the Code, states:

"The board[1] shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

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[1]California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Cal. Bus. & Prof. Code, §§ 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

8. Section 2242 of the Code states:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

"(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

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"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code."

9. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

DRUGS

10. Norco, a trade name for the narcotic Hydrocodone Bitartrate (also known as Dihydrocodeinone) combined with the non-narcotic substance Acetaminophen, is a Schedule III controlled substance within the meaning of Health and Safety Code section 11056(e)(3), and a dangerous drug as defined in section 4022 of the Code.

11. Hydrocodone with acetaminophen, the generic name for the drugs Vicodin, Norco and others, is classified as an analgesic opiate agonist combination product used to treat moderate to moderately severe pain. Hydrocodone with acetaminophen is a Federal Schedule III Controlled Substance. Hydrocodone with acetaminophen is a dangerous drug as defined by California Business and Professions Code section 4022.

12. Methadone is the generic name for the drugs Methadose and others It is classified as a synthetic opiate agonist and substance abuse agent indicated for the treatment of severe pain, opiate dependence and opiate withdrawal. Methadone is a Federal Schedule II Controlled Substance. Methadone is a dangerous drug as defined by California Business and Professions Code section 4022. Practitioners who use methadone for the treatment of opiate dependence must register and comply with Title 21 United States Code section 823(g).

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13. Alprazolam is the generic name for the drug Xanax. Alprazolam is classified as a benzodiazepine indicated for the treatment of anxiety disorders. Alprazolam is a Federal Schedule IV Controlled Substance. Alprazolam is a dangerous drug as defined by California Business and Professions Code section 4022.

14. Buprenorphine with naloxone is the generic name for the drug Suboxone. Buprenorphine with naloxone is classified as a substance abuse agent combination product indicated for the treatment of opioid dependence. Buprenorphine with naloxone is a Federal Schedule III Controlled Substance. Buprenorphine with naloxone is a dangerous drug as defined by California Business and Professions Code section 4022. Practitioners using buprenorphine with naloxone to treat opiate dependence must comply with Title 21, United States Code section 823(g).

15. Methylphenidate (Methylin, Ritalin) is a central nervous system stimulant that is chemically similar to the amphetamines. The peripheral pharmacologic actions of methylphenidate are milder than those of the amphetamines; it has more noticeable effects on mental function than on motor activities. Methylphenidate is clinically used for narcolepsy and as adjunctive treatment in children with attention deficit hyperactivity disorder (ADHD). It is occasionally used off-label for post-stroke depression or other depressive disorders refractory to other treatments. Methylphenidate and other stimulants are highly effective for the treatment of ADHD, with few comparative differences in efficacy. Methylphenidate has been shown to have a strong effect on measures of attention, distractibility, and impulsivity (effects sizes: 0.75–0.84; mean 0.78) and social and classroom behavior (effect sizes: 0.63-0.86; mean 0.81).

16. Propoxyphene (Darvon) is a schedule C-IV controlled substance. Propoxyphene is a synthetic opiate agonist. Structurally, propoxyphene is more similar to methadone than to morphine. Compared with codeine, propoxyphene is one-half to two-thirds as potent an analgesic. An equivalent analgesic dose of propoxyphene to morphine 10 mg IV would be too toxic to administer. High doses of propoxyphene are limited by serious side effects and toxic psychosis. Propoxyphene is as effective or is less effective than 3-60 mg of codeine or 600 mg of aspirin. In addition, overdoses of propoxyphene can be more difficult to reverse than overdoses

of traditional opiates. Propoxyphene exerts little or no antitussive activity and may cause an increased incidence of seizures compared to other opiate agonists.

17. Oxycodone with acetaminophen is the generic name for the drugs Endocet, Percocet and others. Oxycodone with acetaminophen is classified as an analgesic opiate agonist combination product used to treat moderate to moderately severe pain. Oxycodone with acetaminophen is a Federal Schedule II Controlled Substance. Oxycodone with acetaminophen is a dangerous drug as defined by California Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(b)]
(Gross Negligence – Patient L.B.)

Patient L.B.

18. Respondent is subject to disciplinary action under section 2234(b) of the Code in that he committed acts of gross negligence in his care and treatment of patient L.B. The circumstances are as follows:

19. A treating physician of patient L.B. filed a complaint with the Medical Board of California on April 27, 2011 on behalf of her patient. The complaint alleged that Respondent resumed prescribing high doses of Hydromorphone to patient L.P. after she had returned home from a skilled nursing facility where she was being treated to lower her dependence on narcotics. The complaint also alleged that Respondent's narcotic prescribing contributed to L.B.'s hospital admissions for confusion, over-sedation, and incontinence.

20. L.B., a female born in June 1953, began treatment with Respondent in approximately August 2007. L.B. suffered from alcoholism, cirrhosis of the liver, hepatic encephalopathy, low back pain, carcinoma of the left breast, hypertension, and smoking-related lung disease. Respondent treated the patient from approximately August 2007 through May 2011.

21. Respondent initially prescribed Ambien, Lasix and Xanax. In May, 2008, Respondent made a medical marijuana recommendation. In January, 2009, Respondent diagnosed hypertension, congestive heart failure, and depression. He began treating the patient with Amitriptyline.

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22. Many of Respondent's chart notes from the patient's 18 office visits are illegible or incomplete.

23. In July 2009, the patient chart states that the patient returned from rehab and was off alcohol. Respondent's assessment of the patient states: breast cancer, alcoholism, and chronic back pain. The plan was to begin Norco 10/325 TID.

24. In November 12, 2009, it appears the patient came in angry, complaining of left chest pain. Respondent notes that he would not treat her that day. The patient returned the following day and Respondent decided to give her Norco 10/325 TID, begin Remeron 30 mg at bedtime, and Ativan 1 mg TID.

25. On January 28, 2010, Respondent noted that the patient "needs refill of oxycodone 5 mg daily". On July 1, 2010, Respondent refills lactulose, potassium, citalopram, Ambien, Xanax, Dilaudid (Hydromorphone).

26. The patient's record also contained a prescription summary from local pharmacies from January 1, 2011 through August 15, 2011. The patient received regular prescriptions for morphine sulfate 30 mg, Xanax 1 mg, Ambien 10 mg, Ativan 2 mg, and Hydromorphone (Dilaudid) 8 mg.

27. Hospital records were also reviewed. The patient had been hospitalized for alcohol dependence in June 2009 and April 2010. The patient had severe liver disease was cirrhosis and hepatic encephalopathy. The patient had multiple falls in February, March, and April, 2011.

28. Respondent's medical records for this patient contain many illegible entries and there was little documentation presented to support the prescribing of narcotic and sedative medications.

29. Respondent failed to adhere to the standards of practice for initiating and monitoring chronic narcotic therapy. Respondent failed to determine whether the patient had been previously treated with narcotics prior to her first visit with Respondent. There were some radiologic studies in the patient chart, but Respondent did not refer to them.

30. No treatment modalities other than narcotic therapy were performed or offered to the patient. No documentation that the patient was apprised of the risks of medication overuse or

misuse. The patient had several well-established risk factors that would make chronic narcotics use potentially dangerous for her, including current smoking history, history of addiction to alcohol, ongoing psychiatric complaints, and severe liver disease.

31. Without supporting rationale in the patient chart, Respondent eventually escalated the patient's daily dosage of medication from 30 mg of Norco daily to 32 mg of Dilaudid, which is approximately equivalent to 60-80 mg of Norco per day. Respondent failed to appropriately initiate and monitor chronic narcotic therapy in this patient.

32. The patient had a history of past and current alcohol dependence yet Respondent prescribed sedative medications to this patient. Prescribing sedative medications to patients with alcohol dependence is generally not indicated and is considered unsafe.

33. Respondent also prescribed sedative medications to this patient even though she had severely compromised liver function. Respondent prescribed the patient two different sedative compounds at same time, either lorazepam or alprazolam. Given these risk factors, as well as a significant history of falling resulting in hospitalization, Respondent failed to document the reasons or rationale for prescribing these sedative medications for this patient.

34. Respondent's care and treatment of L.B. was grossly negligent in the following respects:

A. There is no initial treatment plan in the records.

B. Respondent did no physical examination of the patient during the first 6 months of treatment. He failed to order X rays, MRIs or CT scans, and failed to refer the patient to another doctor or for physical therapy.

C. The patient's chart is missing medical records.

D. Respondent treated the patient's pain based only on the patient's reported history. He did not consult with other physicians who had treated the patient. Respondent made no radiologic investigation. Respondent failed to determine a more precise etiology of the patient's pain.

E. Respondent treated the patient's pain solely with prescription medications. He did not consider treatments such as physical therapy or stress reduction.

F. Respondent failed to conduct an assessment of the patient's addiction risk through he was prescribing narcotic therapy for chronic pain.

G. Respondent did not conduct any drug screening.

H. Respondent failed to obtain a thorough history of the patient's substance abuse problem, failed to consult and consider collateral sources, and failed to contact the patient's prior treating physician.

35. Respondent's care and treatment of patient L.B., as described above, constitutes gross negligence in the practice of medicine and is unprofessional conduct in violation of section 2234 (b) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

SECOND CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(c)]
(Repeated Negligent Acts – Patient L.B.)

36. Respondent is subject to disciplinary action under section 2234(c) of the Code in that he committed acts of repeated negligence in his care and treatment of patient L.B. The circumstances are as follows:

37. Paragraphs 18 through 34 above, are repeated here as if fully set forth.

38. Respondent's care and treatment of patient L.B., as described above, constitutes acts of repeated negligence in the practice of medicine and is unprofessional conduct in violation of section 2234(c) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

THIRD CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(b)]
(Gross Negligence – Patient S.S.)

Patient S.S.

39. Respondent is subject to disciplinary action under section 2234(b) of the Code in that he committed acts of gross negligence in his care and treatment of patient S.S. The circumstances are as follows:

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40. An investigator with the Tehama County District Attorney notified Medical Board investigators that Respondent had mailed prescriptions to S.S. which were delivered to a false address.

41. S.S. was a 26-year-old woman who was treated by Respondent from May through December, 2011. She was diagnosed with chronic low back pain and fatigue. Over the course of treatment Respondent prescribed Norco, Soma, and Provigil to the patient.

42. Respondent's handwritten notes for this patient are incomplete and often illegible. There are no copies of prescriptions in the chart. Medications listed do not match the CURES reports.

43. Respondent's treatment notes for this patient do not reflect any history of the patient having been previously treated for chronic pain. There are no previous records of diagnostic studies. There is no evidence of radiographic studies or tests of the areas involved in the patient's initial pain complaints. No treatments other than narcotic therapy appear to have been performed or offered to the patient.

44. There is no documentation of the patient being advised of the risks of medication overuse or overdose. There is no discussion of the therapeutic plan or goals to treat the patient's pain.

45. There were no urine screens obtained for this patient. There are indications that the patient noted a history of losing her medications. Respondent did not run a CURES report that would have alerted him to the patient's history of lost medication.

46. Respondent's care and treatment of S.S. was grossly negligent in the following respects:

A. There is no initial treatment plan in the records.

B. Respondent did no physical examination of the patient during treatment. He failed to order X rays, MRIs or CT scans, and failed to refer the patient to another doctor or for physical therapy.

C. The patient's chart is missing medical records.

D. Respondent treated the patient's pain based only on the patient's reported

history. He did not consult with other physicians who had treated the patient. Respondent made no radiologic investigation. Respondent failed to determine a more precise etiology of the patient's pain.

E. Respondent treated the patient's pain solely with prescription medications. He did not consider treatments such as physical therapy or stress reduction.

F. Respondent failed to conduct an assessment of the patient's addiction risk through he was prescribing narcotic therapy for chronic pain.

G. Respondent did not conduct any drug screening.

H. Respondent failed to obtain a thorough history of the patient's prior controlled substance use, failed to consult and consider collateral sources, and failed to contact the patient's prior treating physician.

47. Respondent's care and treatment of patient S.S., as described above, constitutes gross negligence in the practice of medicine and is unprofessional conduct in violation of section 2234 (b) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

FOURTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(c)]
(Repeated Negligent Acts – Patient S.S.)

48. Respondent is subject to disciplinary action under section 2234(c) of the Code in that he committed acts of repeated negligence in his care and treatment of patient S.S. The circumstances are as follows:

49. Paragraphs 39 through 46 above, are repeated here as if fully set forth.

50. Respondent's care and treatment of patient S.S., as described above, constitutes acts of repeated negligence in the practice of medicine and is unprofessional conduct in violation of section 2234(c) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

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FIFTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(b)]
(Gross Negligence – Patient M.A.)

Patient M.A.

51. Respondent is subject to disciplinary action under section 2234(b) of the Code in that he committed acts of gross negligence in his care and treatment of patient M.A. The circumstances are as follows:

52. The husband of patient M.A. brought a complaint to the Medical Board alleging that Respondent had been treating his wife with controlled substances over a considerable time without making a diagnosis of her conditions.

53. M.A., a 38-year-old woman was treated by Respondent from July 3, 2008 through September 29, 2011. Respondent diagnosed her with bipolar disorder, fibromyalgia, anorexia, depression, anxiety, asthma, chronic back and neck pain, and acute illness with symptoms of diarrhea and dehydration. Respondent treated her with Vicodin, Valium, Soma, Trileptal, Lexapro, Trazodone and paroxetine.

54. M.A.'s initial visit with Respondent was on July 2009 to discuss a medical marijuana recommendation. Respondent noted that the plan was to notify prior treating physicians, obtain medical records, make the marijuana recommendation, and consider pain management. However, the quality of the patient's pain is not recorded in any subsequent visits.

55. Respondent's physical examination of M.A. showed severe spots of pain in her back and tenderness in the neck. Respondent's assessment is the patient has fibromyalgia and chronic neck pain. He prescribed Vicodin, soma, and tramadol. There is no reference to the fact that the patient was taking antidepressants.

56. Over the course of M.A.'s treatment, Respondent steadily increases doses of medications and switches medications. He suggests that the patient seems angry and is clamoring for medications. Respondent eventually prescribed methadone.

57. Respondent's medical records for this patient contain numerous illegible entries. His documentation to support prescribing narcotic and sedative medications is also very sparse and is inadequate to support the treatment rendered.

58. Respondent failed to seek consultation with a psychiatric specialist as he continued to treat the patient's serious psychiatric illnesses, including bipolar disease and anorexia.

59. Respondent failed to adhere to the standards of practice for beginning and monitoring chronic narcotic therapy. The only definitive diagnosis reach by Respondent for the patient's pain was fibromyalgia. Prescribing narcotics and sedatives is not the treatment of choice for fibromyalgia. There is no evidence in the record that the patient was advised of the risks of narcotic therapy or the futility of such treatment for the condition.

60. Respondent continued to prescribe narcotic and sedative medications for this patient which is contraindicated. Sedative agents can enhance the respiratory suppressive effects of narcotics which can lead accidental overdose. These dangers are increased in patients with a history of psychiatric illness. Respondent provided no rational in the patient record to support his continued use of the sedatives along with the narcotics.

61. Respondent's care and treatment of M.A. was grossly negligent in the following respects:

A. There is no initial treatment plan in the records.

B. Respondent did not perform an adequate physical examination of the patient during the first 6 months of treatment. He failed to order X rays, MRIs or CT scans, and failed to refer the patient to another doctor or for physical therapy.

C. The patient's chart is missing medical records.

D. Respondent treated the patient's pain based only on the patient's reported history. He did not consult with other physicians who had treated the patient. Respondent made no radiologic investigation. Respondent failed to determine a more precise etiology of the patient's pain.

E. Respondent treated the patient's pain solely with prescription medications. He did not consider treatments such as physical therapy or stress reduction.

F. Respondent failed to conduct an assessment of the patient's addiction risk through he was prescribing narcotic therapy for chronic pain.

G. Respondent did not conduct any drug screening.

H. Respondent failed to obtain a thorough history of the patient's prior controlled substance use, failed to consult and consider collateral sources, and failed to contact the patient's prior treating physician.

62. Respondent's care and treatment of patient M.A., as described above, constitutes gross negligence in the practice of medicine and is unprofessional conduct in violation of section 2234 (b) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

SIXTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(c)]
(Repeated Negligent Acts – Patient M.A.)

63. Respondent is subject to disciplinary action under section 2234(c) of the Code in that he committed acts of repeated negligence in his care and treatment of patient M.A. The circumstances are as follows:

64. Paragraphs 51 through 61 above, are repeated here as if fully set forth.

65. Respondent's care and treatment of patient M.A., as described above, constitutes acts of repeated negligence in the practice of medicine and is unprofessional conduct in violation of section 2234(c) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

SEVENTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(b)]
(Gross Negligence – Patient R.A.)

Patient R.A.

66. Respondent is subject to disciplinary action under section 2234(b) of the Code in that he committed acts of gross negligence in his care and treatment of patient R.A. The circumstances are as follows:

67. Patient R.A. was a 56-year-old woman who began treatment with Respondent on December 29, 2007. He treated her with increasing dosages of narcotics for chronic pain due to fibromyalgia and chronic headaches. The initial treatment note indicates fibromyalgia generally worse in cold weather. Respondent prescribed Norco. Respondent also prescribed Ritalin consistently, and prescribed multiple sedatives including Lorazepam, Xanax, and Soma. There is

an illegible medication list with 10 entries. R.A. also had chronic abdominal pain which had been diagnosed by a G.I. specialist as being due to her medication overuse.

68. R.A. had a history of street drug use, prescription opiate dependence, and had been in a chemical dependency treatment program. She was treated for her narcotic addiction as an outpatient was Suboxone.

69. On June 8, 2008, Respondent noted that the patient was overusing her Norco. Respondent planned to supplement the Vicodin prescription with methadone. On August 1, 2008 the patient complained that she did not like methadone was having trouble concentrating. Respondent prescribed Ritalin.

70. By August 22, 2008, Respondent prescribed a fentanyl patch. In September 2008, the patient complained that the federal patch makes her sick. She wanted to take nine Norco per day. Respondent noted that the patient likes Ritalin and that she is on Suboxone. Respondent then charts that the patient take Norco, three pills three times a day which is 360 per month. Respondent writes "She works as a custodian. Her pain meds are necessary."

71. On October 30, 2008, the patient's chart notes states "the patient takes Suboxone to decrease narcotics." Respondent prescribes Norco 10/325, 3 pills, three times a day, and Suboxone 8 mg, three times a day. On November 23, 2008 the chart notes that the patient was increased to 12 Norco 10/325 per day.

72. On January 2, 2009, Respondent discontinued the Duragesic and starts Morphine 30 mg twice a day. On January 29, 2009, Respondent noted the patient used up her Morphine early due to stressful circumstances in her life. He notes that he wants to send her to a pain specialist but that the patient refused. He has her sign a pain contract.

73. On March 12, 2009, the patient says she wants to stop Morphine and Respondent agrees. March 20, 2009, R.A. tells Respondent she is taking 25 to 30 Norco per day because she stopped the Morphine. Respondent wrote in the chart notes that he will send her to a pain management specialist. Respondent continues to give the patient early refills of Norco in March 2009. In April 2009, Respondent noted that the patient is taking 12 to 18 Norco per day and he

writes that "she is taking more Norco than I prescribed... she is very happy." His plan is to increase Norco to 15 per day and that he will work on reducing her dependency on Norco.

74. On June 18, 2009 the patient reports that she is completely off Norco and is taking Suboxone. A month later on July 17, 2009 Respondent complains that she is in a lot of pain and Respondent writes her a prescription for Norco three pills three times a day. The Duragesic patch is then added back in August 2009.

75. On September 24, 2009, R.A. tells Respondent she is using two Duragesic patches at a time. During October 2009, the patient reports that she is still using two Duragesic patches at a time due to extensive dental work. Respondent notes that he warns the patient that she must taper her meds.

76. On November 19, 2009, Respondent adds Oxycodone 30 mg three times a day to the patient's prescription regimen. On December 10, 2009 Respondent notes the patient is taking Lorazepam and Xanax. He gives her prescriptions for Norco, Oxycodone, and Duragesic.

77. Between February 2010 and November 2011, Respondent's chart notes for this patient reflect the same pattern as prior visits. Patient is off-and-on Suboxone, promises to reduce her medication doses, but then builds them back up again. Respondent continues to treat with Norco, Oxycodone, Morphine, and Fentanyl in combinations of at least three at a time. The patient is also prescribed Xanax and Soma. Respondent refers the patient to a pain management physician in November 2011 and her last visit with Respondent appears to be in December 2011.

78. Respondent's medical records for this patient are incomplete and largely illegible. The amount of documentation presented to support prescribing narcotic and sedative medications is very incomplete and inadequate to support the treatment rendered.

79. Respondent failed to meet the standard of care for initiating and monitoring chronic narcotic therapy. Respondent's medical charts for this patient do not contain any documentation of the patient's prior treatment. There are no patient releases for prior medical records nor old medical records. There are no records of previous diagnostic studies. No evidence of radiologic

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studies of the areas involved in the patient's pain complaints including neck shoulder and lower back. No treatment beyond narcotic therapy is offered or employed. There is no documentation that Respondent advised the patient of the risks of high narcotics use.

80. Even though the patient was receiving Suboxone, Respondent appears to be unaware of the patient's prior addiction treatment history. There are no urine drug screen results recorded in the patient record and there are no CURES reports generated by Respondent. Respondent continued to prescribe narcotic therapy for the patient even though the patient was taking Suboxone.

81. Respondent continued to prescribe medications to the patient including Hydrocodone, Fentanyl, and Morphine even though he was aware the patient was participating in addiction treatment with Suboxone. He should have immediately stop prescribing for her. Respondent continued to prescribe narcotics to a patient that he knew to be addicted to drugs. Respondent diagnosed the patient on several occasions with opiate dependency and noted that he was going to help the patient with her Norco dependency. Nevertheless, Respondent continued to prescribe narcotics to the patient with a severe addiction and provided little documentation of his plan to successfully treat the addiction and wean the patient off the opiates.

82. Respondent also continued to prescribe sedative medications and narcotics to the patient when he knew she was taking Suboxone for the treatment of addiction. The pharmacological properties of Suboxone are rendered potentially dangerous or ineffective when other narcotic agents are administered simultaneously. There is no evidence in the chart that Respondent was aware of the concerns about continuing to prescribe narcotics when he learned the patient was taking Suboxone.

83. Respondent also continued to prescribe a combination of narcotics and sedatives which should be avoided due to the dangerous interaction between these two. The risk of accidental or intentional overdose was substantially elevated in this case due to the increase in dosage prescribed by Respondent.

84. Respondent's care and treatment of R.A. was grossly negligent in the following respects:

A. There is no initial treatment plan in the records.

B. Respondent did no physical examination of the patient during the first 6 months of treatment. He failed to order X rays, MRIs or CT scans, and failed to refer the patient to another doctor or for physical therapy.

C. The patient's chart is missing medical records.

D. Respondent treated the patient's pain based only on the patient's reported history. He did not consult with other physicians who had treated the patient. Respondent made no radiologic investigation. Respondent failed to determine a more precise etiology of the patient's pain.

E. Respondent treated the patient's pain solely with prescription medications. He did not consider treatments such as physical therapy or stress reduction.

F. Respondent failed to conduct an assessment of the patient's addiction risk through he was prescribing narcotic therapy for chronic pain.

G. Respondent did not conduct any drug screening.

H. Respondent failed to obtain a thorough history of the patient's substance abuse problem, failed to consult and consider collateral sources, and failed to contact the patient's prior treating physician.

85. Respondent's care and treatment of patient R.A., as described above, constitutes gross negligence in the practice of medicine and is unprofessional conduct in violation of section 2234 (b) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

EIGHTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(c)]
(Repeated Negligent Acts – Patient R.A.)

86. Respondent is subject to disciplinary action under section 2234(c) of the Code in that he committed acts of repeated negligence in his care and treatment of patient R.A. The circumstances are as follows:

87. Paragraphs 66 through 84 above, are repeated here as if fully set forth.

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88. Respondent's care and treatment of patient R.A., as described above, constitutes acts of repeated negligence in the practice of medicine and is unprofessional conduct in violation of section 2234(c) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

NINTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(b)]
(Gross Negligence – Patient A.A.)

Patient A.A.

89. Respondent is subject to disciplinary action under section 2234(b) of the Code in that he committed acts of gross negligence in his care and treatment of patient A.A. The circumstances are as follows:

90. AA was a 72-year-old woman treated by Respondent between January 2009 and June 2013. Respondent was treating her for osteoporosis, obesity, chronic pain, and insomnia. Respondent was consistently prescribing Norco, Ambien.

91. Despite treating the patient since at least 2009, Respondent's records for her do not begin until 2011. Similarly, the patient is continuing treatment with Respondent until at least 2013, but there are no records dated beyond the end 2011. Several years of patient medical records are missing. There are no copies of patient prescriptions in the chart.

92. Respondent initiation and monitoring of chronic narcotic therapy in this patient was also inadequate. The only definitive diagnosis in Respondent's chart notes for this patient are the patient's own statement and her own assessment that she has osteoporosis. There is no information in the chart to indicate why the patient needed relatively large doses of Norco to treat her symptoms.

93. Respondent's care and treatment of A.A. was grossly negligent in the following respects:

A. There is no initial treatment plan in the records.

B. Respondent did no physical examination of the patient during the first 6 months of treatment. He failed to order X rays, MRIs or CT scans, and failed to refer the patient to another doctor or for physical therapy.

C. The patient's chart is missing medical records.

D. Respondent treated the patient's pain based only on the patient's reported history. He did not consult with other physicians who had treated the patient. Respondent made no radiologic investigation. Respondent failed to determine a more precise etiology of the patient's pain.

E. Respondent treated the patient's pain solely with prescription medications. He did not consider treatments such as physical therapy or stress reduction.

F. Respondent failed to conduct an assessment of the patient's addiction risk through he was prescribing narcotic therapy for chronic pain.

H. Respondent did not conduct any drug screening.

I. Respondent failed to obtain a thorough history of the patient's controlled substance use, failed to consult and consider collateral sources, and failed to contact the patient's prior treating physician.

94. Respondent's care and treatment of patient A.A., as described above, constitutes gross negligence in the practice of medicine and is unprofessional conduct in violation of section 2234 (b) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

TENTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code sec. 2234(c)]
(Repeated Negligent Acts – Patient A.A.)

95. Respondent is subject to disciplinary action under section 2234(c) of the Code in that he committed acts of repeated negligence in his care and treatment of patient A.A. The circumstances are as follows:

96. Paragraphs 89 through 93 above, are repeated here as if fully set forth.

97. Respondent's care and treatment of patient A.A., as described above, constitutes acts of repeated negligence in the practice of medicine and is unprofessional conduct in violation of section 2234(c) of the Code and thereby provides cause for discipline to Respondent's physician's and surgeon's certificate.

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ELEVENTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2242]
(Prescribing without appropriate prior exam)

98. Respondent is subject to disciplinary action under section 2242 of the Code in that he failed to conduct and appropriate prior examination of patients L.B., S.S., M.A., R.A., and A.A. prior to prescribing controlled substances and dangerous drugs.

99. Paragraphs 18 through 97 are repeated here as more fully set forth above.

100. Respondent's conduct as described above constitutes unprofessional conduct in the care and treatment of his patients in violation of section 2242 of the Code, and provides cause for discipline against his physician's and surgeon's certificate.

TWELFTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2266]
(Inaccurate Medical Records)

101. Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records for patients L.B., S.S., M.A., R.A., and A.A. Specifically, Respondent failed to adequately record histories, physicals, accurate assessments of the patient's pain, medications prescribed, and treatment notes.

102. Paragraphs 18 through 97 are repeated here as more fully set forth above.

103. Respondent's conduct as described above constitutes unprofessional conduct in the care and treatment of his patients in violation of section 2266 of the Code, and provides cause for discipline against his physician's and surgeon's certificate.

CAUSE TO REVOKE PROBATION

(Obey all laws)

104. At all times after the effective date of Respondent's probation, Condition 4 read: "Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders."

105. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 4, referenced above. The facts and circumstances regarding this violation are as follows:

106. Paragraphs 18 through 97 above are repeated here as if fully set forth.

107. Respondent's probation is subject to revocation due to his violations of the laws and regulations governing the practice of medicine as alleged above.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking the probation that was granted by the Medical Board of California in Case No. 02-2007-188040 and imposing the disciplinary order that was stayed thereby revoking Physician's and Surgeon's Certificate No. G37614 issued to Daniel Atherton Williams, Jr., M.D.; Revoking or suspending Physician's and Surgeon's Certificate Number G37614, issued to Daniel Atherton Williams, Jr., M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. If placed on probation, ordering him to pay the Medical Board of California the costs of probation monitoring;

4. Taking such other and further action as deemed necessary and proper.

DATED: April 11, 2014

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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